

Work Order ID 140882

January 21, 2016 2:58:11 PM

\*140882\*

Page 1

*Stock*

Item ID: D412-750-141

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Tail Light Fairing LH

Start Date: 1/21/2016 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 2/5/2016 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals: Process Plan: *SA* Date: *20160121*

Run Start \*NR1\*

QC: Date: Tooling: Date: SPC (Y/N): Date:

Stop \*NR2\*

| Sequence ID/<br>Work Center ID                                                             | Operation<br>Description                | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------------------------------------------------------------------|-----------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                                                                            | <b>Revision Nbr</b>                     |                      |         |        |              |               |               |                  |                |
| N/A                                                                                        | Rev A                                   |                      |         |        |              |               |               |                  |                |
| 100                                                                                        | Document Control                        | 0.00                 | DAS     | 6      |              |               |               |                  |                |
| <b>*100*</b>                                                                               | DOCUMENT CONTROL                        |                      |         |        |              |               |               |                  |                |
| DC                                                                                         | Memo                                    | 0.00                 |         |        |              |               |               |                  |                |
| Doc.Control -USB or Paperwork Photocopy bluefile & type labels per PPP D412-750-141 CHG001 |                                         |                      |         |        |              |               |               |                  |                |
| 110                                                                                        | Pick Kit                                | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                                                                               |                                         |                      |         |        |              |               |               |                  |                |
| Packaging                                                                                  | Memo                                    | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                                                                                  |                                         |                      |         |        |              |               |               |                  |                |
| 120                                                                                        | QC4- 100% Inspect kits for completeness | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                                                                               |                                         |                      |         |        |              |               |               |                  |                |
| QC                                                                                         | Memo                                    | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control ***** Ensure part is a L/H as per dwg *****                                |                                         |                      |         |        |              |               |               |                  |                |

*MCS 16-01-22*

*X2*

*JAN 22 2016*

*DAS 6 9-89*

*DAS 28 9-89*

*DAS 27 9-89*

*X2*

*JAN 26 2016*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                     |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |

| Root Cause                                  |  |                                                |  | FAULT CATEGORY                                  |  |                                                            |  |
|---------------------------------------------|--|------------------------------------------------|--|-------------------------------------------------|--|------------------------------------------------------------|--|
| Environment <input type="checkbox"/>        |  | No Re-verification <input type="checkbox"/>    |  | Pressure/Forced <input type="checkbox"/>        |  | Temperature/Cure <input type="checkbox"/>                  |  |
| Design <input type="checkbox"/>             |  | Operator <input type="checkbox"/>              |  | Bending <input type="checkbox"/>                |  | Set-up <input type="checkbox"/>                            |  |
| Doc/Data <input type="checkbox"/>           |  | Offset/Setup <input type="checkbox"/>          |  | Centre Not Concentric <input type="checkbox"/>  |  | BOM/Route <input type="checkbox"/>                         |  |
| Equip/Tooling <input type="checkbox"/>      |  | Supplier <input type="checkbox"/>              |  | Cracks <input type="checkbox"/>                 |  | Broken/Damage/Defect <input type="checkbox"/>              |  |
| Handling/Pre <input type="checkbox"/>       |  | Training <input type="checkbox"/>              |  | Crimp/Kink/Ripple/Wave <input type="checkbox"/> |  | Inspection Incomplete/Unqualified <input type="checkbox"/> |  |
| Material <input type="checkbox"/>           |  | Use for Testing <input type="checkbox"/>       |  | Cuffs <input type="checkbox"/>                  |  | Contamination <input type="checkbox"/>                     |  |
| Internal Transport <input type="checkbox"/> |  | Poor Information <input type="checkbox"/>      |  | Crushing <input type="checkbox"/>               |  | Countersink <input type="checkbox"/>                       |  |
| Tribal Knowledge <input type="checkbox"/>   |  | Rushing <input type="checkbox"/>               |  | Heat Treat <input type="checkbox"/>             |  | Cut Too Short <input type="checkbox"/>                     |  |
| LOA <input type="checkbox"/>                |  | Product Improvement <input type="checkbox"/>   |  | Wave/Twist in Tube <input type="checkbox"/>     |  | Instructions Incomplete/Unclear <input type="checkbox"/>   |  |
| Substation <input type="checkbox"/>         |  | Process Improvement <input type="checkbox"/>   |  | Marks/Chatter <input type="checkbox"/>          |  | Drill Holes <input type="checkbox"/>                       |  |
| Past Expiry Date <input type="checkbox"/>   |  | Manufacturing Process <input type="checkbox"/> |  | OTHER : _____                                   |  |                                                            |  |
| Misidentified <input type="checkbox"/>      |  | Past Due <input type="checkbox"/>              |  |                                                 |  |                                                            |  |

# Work Order ID 140882

**\*140882\***

Page 2

January 21, 2016 2:58:12 PM

Item ID: D412-750-141 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Tail Light Fairing LH  
 Start Date: 1/21/2016 Start Qty: 2.00 **\*2\*** Cust Item ID:  
 Required Date: 2/5/2016 Req'd Qty: 2.00 **\*2\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                                                          | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            | Packaging                                                                                                                                         | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   |                                                                                                                                                   |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                                                                                                              | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP D412-750-141 Location: FG124                                                                            |                      |         |        |              |               |               |                  |                |
|                                | PPP Rev: _____                                                                                                                                    |                      |         |        |              |               |               |                  |                |
|                                | Identify on inside surface as indicated<br>TCCA-PDA, DART AEROSPACE LTD<br>P/N: D412-750-141 B/N: BXXXXXX<br>FOR PRODUCT ELIGIBILITY SEE PDA06-13 |                      |         |        |              |               |               |                  |                |
| 140                            | QC21- Final Inspection - Work Order Release                                                                                                       | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                                                                                                                   |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                                                                                              | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                                                                                                   |                      |         |        |              |               |               |                  |                |

**DAS 27 9-89**  
**DAS 28 9-89**  
**JAN 26 2016**

**MLJ**  
**JAN 26 2016**

**20160125**  
**SH**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                 | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                |                                               |                                                                                                                                                     |  |  |
| Date :                                                       |                          | Step #:                                                                                                                                                                            |                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |                          |                                                                                                                                                                                    |                                                 | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                               |                                                                                                                                                     |  |  |
|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                                                                                                                                                     |  |  |
|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                                                                                                                                                     |  |  |
| Root Cause                                                   |                          | FAULT CATEGORY                                                                                                                                                                     |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                                                                                                                                                     |  |  |
| Environment <input type="checkbox"/>                         | <input type="checkbox"/> | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |                                                                                                                                                     |  |  |
| Design <input type="checkbox"/>                              | <input type="checkbox"/> | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |                                                                                                                                                     |  |  |
| Doc/Data <input type="checkbox"/>                            | <input type="checkbox"/> | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |                                                                                                                                                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       | <input type="checkbox"/> | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |                                                                                                                                                     |  |  |
| Handling/Pre <input type="checkbox"/>                        | <input type="checkbox"/> | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |                                                                                                                                                     |  |  |
| Material <input type="checkbox"/>                            | <input type="checkbox"/> | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |                                                                                                                                                     |  |  |
| Internal Transport <input type="checkbox"/>                  | <input type="checkbox"/> | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |                                                                                                                                                     |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | <input type="checkbox"/> | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |                                                                                                                                                     |  |  |
| LOA <input type="checkbox"/>                                 | <input type="checkbox"/> | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |                                                                                                                                                     |  |  |
| Substation <input type="checkbox"/>                          | <input type="checkbox"/> | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |                                                                                                                                                     |  |  |
| Past Expiry Date <input type="checkbox"/>                    | <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | OTHER :                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                                                                                                                                                     |  |  |
| Misidentified <input type="checkbox"/>                       | <input type="checkbox"/> | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                                                                                                                                                     |  |  |

# Picklist Print

January 21, 2016 2:58:23 PM

Page 1

Work Order ID: 140882

**\*140882\***

Parent Item: D412-750-141

**\*D412-750-141\***

Parent Item Name: Tail Light Fairing LH

Start Date: 1/21/2016

Required Date: 2/5/2016

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP revA 06.09.22 new issue EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

|                                   |  |           |    |  |  |     |      |          |    |    |  |  |  |
|-----------------------------------|--|-----------|----|--|--|-----|------|----------|----|----|--|--|--|
| AN3-3A<br><b>*AN3-3A*</b><br>Bolt |  | Purchased | No |  |  | 120 | Each | 291.0000 | 10 | 20 |  |  |  |
|-----------------------------------|--|-----------|----|--|--|-----|------|----------|----|----|--|--|--|

DAS  
27 X2  
9-89

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST350    | 291     |          |
| m131624  | 101     |          |
| m133833  | 90      |          |
| m134034  | 100     |          |

DAS  
6  
9-89  
DAS  
28  
9-89

|                                                                    |  |              |    |  |  |     |      |        |   |   |  |  |  |
|--------------------------------------------------------------------|--|--------------|----|--|--|-----|------|--------|---|---|--|--|--|
| D3484-041<br><b>*D3484-041*</b><br>Tail Light Fairing Assembly, LH |  | Manufactured | No |  |  | 120 | Each | 6.0000 | 1 | 2 |  |  |  |
|--------------------------------------------------------------------|--|--------------|----|--|--|-----|------|--------|---|---|--|--|--|

DAS  
27 X2  
9-89

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST502    | 6       |          |
| 129855   | 6       |          |

DAS  
6  
9-89  
DAS  
28  
9-89

|                                                    |  |           |    |  |  |     |      |          |    |    |  |  |  |
|----------------------------------------------------|--|-----------|----|--|--|-----|------|----------|----|----|--|--|--|
| NAS1149D0363J<br><b>*NAS1149D0363.I*</b><br>Washer |  | Purchased | No |  |  | 120 | Each | 944.0000 | 10 | 20 |  |  |  |
|----------------------------------------------------|--|-----------|----|--|--|-----|------|----------|----|----|--|--|--|

DAS  
27 X2  
9-89

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| GA       | 84      |          |
| m130799  | 84      |          |
| ST263    | 860     |          |
| m133790  | 360     |          |
| m133932  | 500     |          |

DAS  
6  
9-89  
DAS  
28  
9-89  
JAN 22 2016

Work Order ID 140882

January 21, 2016 2:58:11 PM

\*140882\*

Page 1

Item ID: D412-750-141

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Tail Light Fairing LH

Start Date: 1/21/2016 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 2/5/2016 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals:

Process Plan: *SHA*

Date: *20160121*

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

N/A

Rev A

100

Document Control

0.00

DAS  
8  
3-29

\*100\*

DC

DOCUMENT CONTROL

Memo

0.00

Doc.Control -USB or Paperwork

Photocopy bluefile & type labels per PPP D412-750-141 CHG001

*MLJ*

JAN 22 2016

110

Pick Kit

0.00

\*110\*

Packaging

Memo

0.00

Packaging

DAS  
6  
3-29

JAN 22 2016

120

QC4- 100% Inspect kits for completeness

0.00

\*120\*

QC

Memo

0.00

Quality Control

\*\*\*\*\* Ensure part is a L/H as per dwg \*\*\*\*\*

- 3.8 Fasten the D3484-041/-042 Tail Light Fairing complete with A2064-1683 Tail Light Assembly to the tailboom using the provided (10) AN3-3A bolts into the tailboom's existing holes. Torque bolts 15-25 lb-in (1.7-2.8 N-m). Refer to Figure 1, Detail A.

#### 4.0 WEIGHT AND BALANCE

The following is the net weight increase associated with the installation of the D412-750-141/-142 Tail Light Fairing Kit.

| Installation                      | Weight  | LATERAL |            | LONGITUDINAL |             |
|-----------------------------------|---------|---------|------------|--------------|-------------|
|                                   |         | Arm     | Moment     | Arm          | Moment      |
| <b>D412-750-141</b>               | 0.13 lb | 6.0 in  | 0.78 lb-in | 296.1 in     | 38.49 lb-in |
| <i>Tail Light Fairing Kit, LH</i> | 0.06 kg | 0.2 m   | 0.01 kg-m  | 7.5 m        | 0.45 kg-m   |
| <b>D412-750-142</b>               | 0.13 lb | 6.0 in  | 0.78 lb-in | 296.1 in     | 38.49 lb-in |
| <i>Tail Light Fairing Kit, RH</i> | 0.06 kg | 0.2 m   | 0.01 kg-m  | 7.5 m        | 0.45 kg-m   |

#### 5.0 PARTS LIST

| Qty -<br>141 | Qty -<br>142 | Part Number  | Description                  |
|--------------|--------------|--------------|------------------------------|
| X            |              | D412-750-141 | TAIL LIGHT FAIRING KIT, LH   |
|              | X            | D412-750-142 | TAIL LIGHT FAIRING KIT, RH   |
|              |              |              |                              |
| 1            |              | D3484-041    | TAIL LIGHT FAIRING ASS'Y, LH |
|              | 1            | D3484-042    | TAIL LIGHT FAIRING ASS'Y, RH |
|              |              |              |                              |
| 10           | 10           | AN3-3A       | BOLT                         |
| 10           | 10           | AN960JD10    | WASHER                       |
|              |              |              |                              |